This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
04/01/2024	\$ ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Argent Communications LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		10 Benning St, Suite 10, Box 235 (Number, street, rural route, apartment, or suite number)					
		West Lebanon, NH 03784 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		Spofford NH MAILING ADDRESS OF CABLE SYSTEM:					
		INFALLING ADDITION OF GABLE STOTLIN.					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

	_	FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
	Argent Communications LLC					
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
30.102						
	CITY OR TOWN	STATE				
First Community	Spofford	NH				
1 D						
d Rows as Necessary						

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Argent Communications LLC

SYSTEM ID#

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Е

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:	55		Lifeline	16	46.02
Service to first set		64.02			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Argent Communications LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTS	2	N	BOSTON, MA
WFXT	3	N	BOSTON, MA
WBZ	4	N	BOSTON, MA
WCVB	5	N	BOSTON, MA
WMUR	9	N	MANCHESTER, NH
WSBK	10	N	BOSTON, MA
WENH	11	N	NATIONAL
HSN	12.1	N	NATIONAL
SHOP-HQ	12.2	N	NATIONAL
ION	12	N	BOSTON, MA
WGBH	14	N	BOSTON, MA
WEATHER CHANNEL	15	N	NATIONAL
HLN	17	N	NATIONAL
CNN	18	N	NATIONAL
TBN	38.1	N	NATIONAL
HALLMARK	39.1	N	NATIONAL
HALLMARK MOVIES	39.2	N	NATIONAL
GAC	39.3	N	NATIONAL
BRAVO	40.3	N	NATIONAL
A&E	40.4	N	NATIONAL
LIFETIME	41.1	N	NATIONAL
HISTORY	41.2	N	NATIONAL
TLC	41.3	N	NATIONAL

SYSTEM ID#

Argent Communications LLC

.....

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T =	I a:-	I	1	I	I o :-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	l					 	<u> </u>
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ccounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF	CABLE SYS	TFM [.]				FORM	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Argent Communicatio							0
	CURCUITUTE CARRIACI	E. CDECI	NI STATEME	NT AND DECCRAMIC				
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			sis, any nonr	network te	levision prog	ram
Statement and Program Log	broadcast by a distant sta	-	·	•	•		YES	X NO
rogram Log	Note: If your answer is "No		root of this no	go blank If your anower is	"Voo." vou	must som		
	log in block 2.	, leave the	rescortins pa	ge blank. If your answer is	s res, your	must com	piete trie prog	grann
	clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another stated recrtain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on on use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the monerst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurated to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be tated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC r					ing station tion. or in nonth ately	
	effect on October 19, 1976	effect on October 19, 1976.						1
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Argent Communications LLC	S	STEM ID# 0					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,052.50					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month						
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.	\$	0.57					
	Lino L. interest energe. Enter the amount non-line 4, space Q, page 0		0.01					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.57					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)						
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)						
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula \$ 263,800.00							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.57						
Total Remittance Due		15.00						
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.57					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m							

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Argent Communications LLC		SYSTEM ID# 0
M Channels	to its subscribers, and (2) the cable system's 1. Enter the total number of channels on whi system carried television broadcast station 2. Enter the total number of activated channon which the cable system carried television	s	g period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURT we can contact about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual int.)	
for Further Information	Name Jason M Kovarik		Telephone 877-295-12254
	Address 10 Benning St Suite (Number, street, rural route, apa West Lebanon NH ((City, town, state, zip)	tment, or suite number)	
	Email jason@argent	communications.com Fax (o	ptional)
O Certification	V (Agent of owner other than corporation or in line 1 of space B and that the (Officer or partner) I am an officer in line 1 of space B. I have examined the statement of account ar are true, complete, and correct to the best of [18 U.S.C., Section 1001(1986)]	partnership) I am the owner of the cable system as identification or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal of the declare under penalty of law that all statements on the statements of the partnership of the legal of	ited in line 1 of space B; or the owner of the cable system as identified the entity identified as owner of the cable system of fact contained herein and faith.
	Title: (Title of	General Manager Official position held in corporation or partnership)	
	Date:	4.	/1/2024

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counting Period: 2022,	/2		FORM SA1-2E. PAGE 8				
GAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID				
gent Communicat	tions LLC		0				
The Satellite Home lowing sentence: "In determini service of pro	ng the total number of subscribers and the oviding secondary transmissions of prima	RECEIPTS EXCLUSIONS ection 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion				
	For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.						
made by satellite ca	ng period, did the cable system exclude rriers to satellite dish owners?	any amounts of gross receipts for secondary transmissions					
X NO							
YES. Enter the	total here and list the satellite carrier(s) t	pelow					
Mailing Address		Name Mailing Address					
INTEREST ACC	FOOMENT						
INTEREST ASS							
•		ts submitted as a result of a late payment or underpayment. the general instructions located in the paper SA1-2 form.	Q				
Line 1 Enter the ar	nount of late payment or underpayment	\$ 52.00	Interest Assessment				
Line 2 Multiply line	1 by the interest rate* and enter the sun	n here					
		207					
Line 3 Multiply line	2 by the number of days late and enter	the sum here					
Line 4 Multiply line	3 by 0.00274** and enter here						
	page 6), block 1, line 2, or block 2, line 8	or block 3, line 6					
		(interest charge)					
	erest rate chart click on www.copyright.g ensing Division at (202) 707-8150 or lice	gov/licensing/interest-rate.pdf. For further assistance please ensing@copyright.gov.					
** This is the ded	cimal equivalent of 1/365, which is the in	terest assessment for one day late.					
•		of account already submitted to the Copyright Office, please mber, and accounting period as given in the original filing.					
Owner Arg	ent Communications LLC						
annuñ	Benning St Suite 160 Box 235						
	st Lebanon, NH 03784						
ID number		0000					
First community ser	ved	Milan NH					
Accounting period		2022/2					

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